

Investigation of Air-dispersed Pulmonary Agents

Texas Department of Health, Infectious Disease Epidemiology and Surveillance Division
Austin, Texas (512) 458-7676 Fax (512) 458-7616

Name: _____
(Last) (First) (MI)

Address: _____
(Street) (City)

(County) (State) (Zip Code) (Phone #)

DOB: _____ Age: _____ Sex: _____ Race: _____ (W = White, H = Hispanic, B = Black, I = Am Indian, A = Asian, O = Other)

Date onset: ____ / ____ / ____ Time: _____ AM PM Hosp? YES NO Date admit: ____ / ____ / ____ Admit diag: _____

Which hospital? _____ Died? YES NO Date death: ____ / ____ / ____ Time: _____ AM PM

Att. Physician: _____ (Name) _____ (Phone)

Vitals on admission: Temperature: _____ ° F BP: ____ / ____ Pulse: _____ Resp: _____

Most extreme vitals: Temperature: _____ ° F BP: ____ / ____ Pulse: _____ Resp: _____

Check symptoms the patient has. The chart shows symptoms indicative of each illness.

____ Chills	Y	Y	Y	Y	Y
____ Anorexia					Y
____ Nausea/vomiting ____ Hematemesis		Y		Y	Y
____ Abdominal pain					
____ Myalgias	Y	Y			Y
____ Back pain	Y			Y	Y
____ Chest pain		Y	Y		
____ Shortness of breath		Y		Y	
____ Cough: ____ Dry ____ Productive	Y	Y	Y	Y	
____ Rash: ____ Pet. ____ Mac. ____ Mac/Pap					
____ Head ____ Trunk ____ Extrem.					
____ Hematochezia/melena					Y
____ Blurred vision					Y
____ Diplopia					Y
____ Dysphagia					Y
____ Paralysis: ____ Descending					Y Y
____ Ataxia					Y Y
____ Gram -- ovoid bipolar ____ Sput. ____ Buffy		Y			
____ Mediastinal widening on CXR	Y				
____ Thrombocytopenia					Y

Date																							
	WBC									Bilirubin													
	Diff	%bands	%PMNs							SGOT													
	Platelets									SGPT													

Chest X-Ray: YES NO If yes, describe: _____

In this section, begin by filling in the dates on the top row of the calendar. Start with two weeks ago and number up to today. Use the calendar to indicate (X) places the patient has been in the past two weeks (other than at home).

Second residence (address): _____

Place of work 1: _____ **Shift:** _____ **%time outdoors:** _____.

Place of work 2: _____ **Shift:** _____ **%time outdoors:** _____.

Record days of traveling including destinations and method of travel. As much as possible, record instances in the past two weeks where the patient was around a lot of people that he/she doesn't know. This includes stores, bus stations, parks, sports stadiums, theaters, concerts, churches and other such public situations. Please include an approximate address or place name:

Travel 1: _____ **Travel 2:** _____.

Event 1: _____ **Event 2:** _____.

Event 3: _____ **Event 4:** _____.

Event 5: _____ **Event 6:** _____.

date for the past two weeks →																							
Day of the Week	S	M	T	W	Th	F	Sa	S	M	T	W	Th	F	Sa	S	M	T	W	Th	F	Sa		
Residence 2																							
Work 1																							
Work 2																							
Travel 1																							
Travel 2																							
Event 1																							
Event 2																							
Event 3																							
Event 4																							
Event 5																							
Event 6																							

Any acquaintances of patient with similar symptoms? YES NO If yes, describe: _____

List animals the patient has had contact with in the past two weeks. Circle any that were ill. Put a line through any that died: _____

Investigated by:

Phone:

Agency:

Date:

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